

Application Data Sheet  
AP20 Rec'd PCT/PTO 06 JUL 2006

## Application Information

Application number:	
Filing Date:	
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	
Number of Copies of CRF:	
Title:	DATA COMPRESSION USING MATCHING PURSUITS
Attorney Docket Number:	IVAV-0088
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	2
Total Drawing Sheets:	6
Small Entity?:	No
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

## Applicant Information

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Canada
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Donald
<b>Middle Name:</b>	Martin
<b>Family Name:</b>	Monro
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Beckingham
<b>State or Province of Residence:</b>	Somerset
<b>Country of Residence:</b>	United Kingdom
<b>Street of mailing address:</b>	6 the Lays, Goose Street
<b>City of mailing address:</b>	Beckingham
<b>State or Province of mailing address:</b>	Somerset
<b>Country of mailing address:</b>	United Kingdom
<b>Postal or Zip Code of mailing address:</b>	BA11 6RS

## Correspondence Information

<b>Correspondence Customer No.:</b>	23377
<b>Name:</b>	
<b>Street of Mailing Address:</b>	
<b>City of Mailing Address:</b>	
<b>State or Province of Mailing Address:</b>	
<b>Country of Mailing Address:</b>	
<b>Postal or Zip Code of Mailing Address:</b>	
<b>Phone number:</b>	
<b>Fax number:</b>	

## Representative Information

<b>Representative Customer No.:</b>	23377
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**Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

**Foreign Priority Information**

Country:	Application No.:	Filing Date:	Priority Claimed:
Great Britain	0400334.9	January 8, 2004	Yes

**Assignee Information**

Assignee name:	
Street of mailing address:	
City of mailing address:	
State or Province of mailing address:	
Country of mailing address:	
Postal or Zip Code of mailing address:	